



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
State Laboratory Institute
305 South Street, Jamaica Plain, MA 02130

BUREAU OF LABORATORY SCIENCES

Shipping Manifest

Please include a completed manifest with each shipment

General Information:

Facility Name: _____

Address: _____

Shipping Information:

Time: _____ am/pm

Date: ____/____/____

Contact Information:

Name: _____

Primary Phone: ____ - ____

Title: _____

Fax: ____ - ____

Secondary: _____

Emergency Number:

Title: _____

____ - ____

Specimen Information

Type of specimen (circle one):

Blood / Urine

Total number of specimens in this package _____

Comments:

Print name _____

Signature _____